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Date: November 16, 2005

To: Examiner Cheryl N. Hawkins Art Unit: 1734
USPTO

Facsimile: 571-273-8300

From: Streets & Steele
Debi Labay

Our Ref: DOBS/0001
Serial No: 10/657,885
Confirmation No: 2624
Deposit Mail Log: 1117

Pages: 3 (with cover)

Message:

CERTIFICATE OF TRANSMISSION 37 C.F.R. 1.8	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at 571-273-8300 on the date below:	
11/16/05	Debi Labay Signature

Attached please find the following documents for the above referenced patent application:

- 1) Transmittal Form; and
- 2) Request for Withdrawal as Attorney or Agent and Change of Correspondence Address.

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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/657,885
Filing Date	September 9, 2003
First Named Inventor	Michael L. Dobson
Art Unit	1734
Examiner Name	Cheryl N. Hawkins
Attorney Docket Number	DOBS/0001

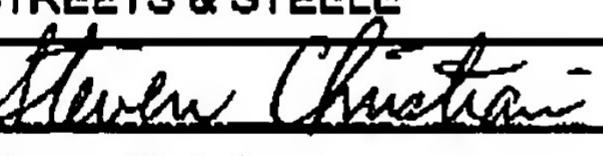
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ENCLOSURES (Check all that apply)

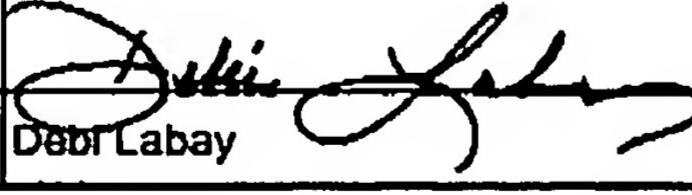
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Fax cover sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	STREETS & STEELE		
Signature			
Printed name	Steven Christian		
Date	November 16, 2005	Reg. No.	38,106

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Debi Labay	Date	November 16, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/83 (04-05)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/657,885
Filing Date	September 9, 2003
First Named Inventor	Michael L. Dobson
Art Unit	1734
Examiner Name	Cheryl N. Hawkins
Attorney Docket Number	DOBS-0001

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number 24945

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: The attorney's client, Michael L. Dobson, has failed to pay several bills rendered by the attorney's firm for an unreasonable period of time. Mr. Dobson was given written notice on October 17, 2005, of the attorney's intent to withdraw for nonpayment of legal services. Mr. Dobson has failed to respond to this notice.

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
 2. Change the correspondence address and direct all future correspondence to:

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Michael L. Dobson	
Address	19691 Lazy Lane		
City	Porter	State	Texas
Country	U.S.A.		
Telephone	713-870-0928; 281-354-4767	Email	mike@dobsonconstruction.biz
Signature	<i>Steven Christian</i>		
Name	Steven L. Christian	Registration No.	38,106
Date	November 16, 2005	Telephone No.	713-939-9444

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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